

IDAHO STATE BOARD OF BARBER EXAMINERS
Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, Idaho 83702-5642
e-mail bar@ibol.state.id.us

APPLICATION FOR OUT-OF STATE BARBER SCHOOL LICENSE
Original license & annual renewal fee = \$200.00

Name of School _____

School Location Address _____
street city state zip

School Mailing Address _____
street city state zip

Phone # _____ Fax # _____ E-mail _____

Name of School Owner(s) _____

Social Security number _____ Business Employer Identification Number (E.I.N.) _____
(If more than one owner, attach a separate sheet with all owner names & SS#. Applications that do not include the owner(s) social security number(s) will be returned and the application will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.

I hereby make application for approval as an Out-Of-State Barber School and a license that will expire annually on the anniversary date of issue.

Is this Barber school currently licensed in any state? ☐ YES ☐ NO

If YES, official certification of licensure must be received by the Board. List school license # _____,

Has any criminal or disciplinary action ever been taken against this facility or its owners? ☐ YES ☐ NO

If YES, an official copy of the final order must be received by the Board.

A DETAILED CURRICULUM, A SCHOOL CATALOG, THE REQUIRED BOND (if a bond is required by your state, a copy of that bond will serve to meet this requirement), AND A COMPLETE LIST OF ALL INSTRUCTORS AND THEIR LICENSE NUMBERS MUST ACCOMPANY THIS APPLICATION. A SCHOOL LICENSE SHALL BE ISSUED ONLY AFTER BOARD APPROVAL.

AFFIDAVIT

I hereby certify that the above named school meets the licensure and training requirements as outlined in section 54-507, Idaho Code, and that documentation of training will be provided upon the request of the Idaho Board of Barber Examiners.

I further certify that the information recorded hereon is true and correct to the best of my knowledge and belief.

Signature of owner(s) or authorized agent(s)

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan of the entire school area, drawn on a separate sheet of eight and one-half inch by eleven inch white paper. If the school is located within a multi-tenet building, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the school within the building. The floor plan must include the exact measurements of the entire area to be licensed.

CAUTION: Schools may not be located within a residence or be connected by common walls of doors to a cosmetological or barber establishment.